Appendix A

# DIVISION OF DEVELOPMENTAL SERVICES

## CRITICAL INCIDENT REPORT

**NAME OF PERSON:** _____

**NAME OF AGENCY:** _____ ☐ *Check if self-managing*

**NAME OF GUARDIAN:** _____

**NAME OF PERSON REPORTING:** _____

**TYPE OF INCIDENT** *(Check all that apply:)*

***Please use "Critical Incident Report for Restraint" to report restraint.***

☐ Death ☐ Hospitalization ☐ Injury requiring medical attention

☐ Criminal Act ☐ Missing Person ☐ Fire, theft or destruction of property

☐ Suspected abuse, neglect, exploitation ☐ Other unusual or significant event

**DATE OF INCIDENT:** _____ **TIME:** _____

**LOCATION:** _____

**DESCRIPTION OF INCIDENT:** _____

_____

_____

_____

**ACTION TAKEN:** _____

_____

_____

**WHO WAS NOTIFIED ABOUT THIS INCIDENT?** ☐Supervisor/Case Manager ☐ Guardian

☐ Agency Director ☐ Division Of Developmental Services ☐ APS ☐ SRS

☐ Other _____

**IS FOLLOW-UP NEEDED?** ☐ Yes ☐ No *- If yes, please describe follow-up that is needed:* _____

_____

**SUPERVISOR REVIEW:** NAME: _____DATE: _____

COMMENTS: _____

_____